DEWAN'S REPLY: Mr. Eravi Pillai Chinnathambia Pillai, your proposal to convert a whole-time dispensary at Bhoothapandy into a morning dispensary at Bhoothapandy and an evening dispensary at Azhakiapandiapuram was not recommended by the Administrative Board for what in the eyes of the Government are good and sufficient reasons. Whether a provision should be made for a dispensary either at Aramboly, Puthucadai or Azhakiapandiapuram is now engaging the attention of the Administrative Board and, when a conclusion is come to, the matter will be reported to the Government and such action as is necessary will be taken.

In regard to the propaganda work to be done by the Medical Officer at Bhoothapandy, this too, I shall refer to the Administrative Board for examination.

As to the distribution of medicines by Proverthikars, you ask that the Government may supply Proverthikars with cholera specifics with instructions to distribute them among people when needed. This has already been done some months back.

Your last point is about the sinking of wells in the caste-Hindu villages of Nanjanad. I shall ask the Sanitary Commissioner to go into the matter and submit recommendations to the Government.

50. Public health with special reference to outbreak of epidemics in the rural parts of the Kalkulam taluk.

Mr. K. M. KESAVAN TAMPI (*Member, Kalkulam taluk, Group II*) said that there was an inseparable connection between the standard of public health in a country and the welfare of its people. The demands of public health administration formed the first claim upon the public exchequer. So far as Travancore was concerned, there were two departments which were responsible for the maintenance of public health, one which devoted itself to preventive measures and the other which devoted itself to remedial measures. Of this, the first, *viz.*, the Sanitary Department, was organised in 1070. The functions of the department, as conceived then, were:

(1) "to superintend and check the vital statistics throughout the district;

(2) " to attend to the sanitation of all parts of the district where the Town Improvement Regulation is not in force;

(3) "to study and report on the state of public health within the district;

(4) " to superintend the vaccination work;

(5) " to be a sort of travelling dispensary, actually conveying medical aid to the door of the villagers ".

The above was the *ipsissima verba* of the Government order constituting the department. These functions were reduced one by one with the lapse of time till at the present time they had dwindled into two simple things, the performance of vaccination and the supervision of conservancy stations.

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The way in which Government were alloting funds for the Sanitary Department was also remarkable. The expenditure on the department in 1075 was Rs. 65,620; in 1102 it had risen only to Rs. 91,590. In other words when the population had in the course of twenty-seven years increased by 14½ lakhs, the expenditure on the public health department had risen only by Rs. 25,970. Similarly the number of conservancy stations which in 1075 was 39 had declined gradually since 1087 until it reached 25 in 1101.

These statistics would reveal that Government were not paying sufficient attention to the maintenance of sanitation in rural areas. The consequence was that the country was constantly subjected to scourges of epidemics like cholera. The special Investigation Officer appointed by Government had reported upon the causes of ten diseases prevalent in the State; but his report was still in the archives of the Government.

One of the chief causes for the outbreak of cholera in South Travancore was the paucity of good drinking water. In many places, for instance in the old Eraniel taluk, people drew their water from shallow pools dug here and there. The late Maharaja, His Highness Sri Mulam Thirunal, had, as soon as he ascended the Musnad issued a command directing an allotment of Rs. 1,500 every year for the sinking of public wells in every taluk where there was scarcity of water. It was under this command that wells were sunk at Kaliyikkavila, Mulakumudu and other places on the Main Southern Road. But after some time the order was forgotten. Not only were new wells not sunk; but the old wells were not even kept under repair. Very probably Government were not aware of the actual conditions in the interior regions of the country which were cut off from the ordinary routes of communication. At any rate they should hereafter devote their very earnest attention to the sinking of public wells in all taluks where there was paucity of water.

Under existing arrangements, the responsibility for reporting outbreaks of epidemics to the authorities concerned was fixed upon the Pakuthi officers. In the Kalkulam taluk there were 18 pakuthies ranging in area from 4 to 14 square miles. It was hardly possible for an officer exercising jurisdiction over such an extensive area to ascertain the prevalence of a disease in his pakuthi or to report the same to the authorities in time. Such reports as the officers submitted were not also likely to be correct. What was more interesting was that the sanitary officers who were primarily concerned with these matters refused to take action until they received the pakuthi officer's report, even though they might have gained independent knowledge of the outbreak of an epidemic in a locality. These officers should in future be made primarily responsible for the maintenance of public health and the pakuthi officers should simply be directed to assist them in the matter.

This would probably involve a reorganisation of the Sanitary Department. The jurisdiction of the present sanitary circles should be reduced and the number of Circle Officers should be enhanced. The officers

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should also be required to have passed the Hospital Assistant's Test and special tests relating to sanitation. Propaganda work in matters of public health should be made an integral part of their daily work. They should be made responsible for notifying to Government from time to time the conditions of public health in their respective areas and also the measures that were called for, for the preservation of public health in those areas. They should further be required to render any urgent medical aid that they found necessary in the course of their tours, besides which they should devote themselves heart and soul to the combating of epidemics whenever there was an outbreak.

DEWAN'S REPLY: Mr. Kesavan Tampi, the whole subject of improving the arrangements for securing public health in Travancore has so impressed the Government that, as you are aware, they have made special arrangements with the Rockefeller Foundation for organising public health work in the State. The representative of the Rockefeller Foundation is expected here early in March and I hope very soon afterwards we shall be able to take up seriously the question of so reorganising the department as to ensure not merely the normal working of the department being put on a better basis but also for adequate arrangements being made to meet such epidemics as cholera and plague.

51. Medical relief.

MR. NARAYANA PILLAI PADMANABHA PILLAI (*Member, Pathanapuram taluk*) said that there was no exaggeration in saying that the majority of the population of 44 lakhs in Travancore were, due to reasons like poverty and bad climatic conditions, stricken with various kinds of diseases. It was doubtful whether there was any country in which there were as many cases of leprosy, malaria, and elephantiasis as Travancore. No amount of money spent by Government for providing an efficient system of medical relief would therefore be too much for Travancore.

The most suitable system of medical relief, so far as Travancore was concerned, was the Ayurvedic system. It was far better than all other systems. For the popularisation of this system of treatment, Government should spend more liberally than at present. It was absolutely necessary that there should be at least one Vaidyasala for each pakuthi. But this consummation could be reached only by opening at least 250 more Vaidyasalas.

The constitution of the Ayurveda Department also stood in need of change. A few grant-in-aid Vaidyans, a Director and a few subordinates whose sole business was probably to pass the bills and to check the registers of these Vaidyans, these were the chief features of the department at present. There was one very useful institution in the department, namely the Ayurveda Pharmacy, but it was curiously enough abolished a few years back. With the abolition of that institution, spurious medicines and irresponsible druggists had flooded the

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